

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000002689

1. Entity Name
VTR SOUTHWEST CORPORATION



Principal Place of Business
38500 WOODWARD AVENUE
SUITE 310
BLOOMFIELD HILLS, MI 48304

Mailing Address
38500 WOODWARD AVENUE
SUITE 310
BLOOMFIELD HILLS, MI 48304



DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2081910

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

ARONOFF, JANET
626 GULF SHORE BLVD SOUTH
NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME CHEEK, LARRY
STREET ADDRESS 38500 WOODWARD AVENUE SUITE 310
CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304

TITLE S
NAME ARONOFF, DANIEL J
STREET ADDRESS 38500 WOODWARD AVENUE SUITE 310
CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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04/28/05-80010-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-05

248 642 0190

Date

Daytime Phone #